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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) MWS-104RCE	
Application Number 10/809,152-Conf. #7394		Filed March 24, 2004	
For METHODS AND APPARATUS FOR GRAPHICAL TEST AND MEASUREMENT			
Art Unit 2173		Examiner S. D. Alvesteffer	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1,050.00- 460.00 Previously paid= 590.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 35,470

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

/Kevin J. Canning/
Signature

May 1, 2008
Date

Kevin J. Canning
Typed or printed name

(617) 994-0732
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

Adjustment date: 08/07/2008 CDTEP1
05/02/2008 INTERSW 00002767 120000
02 FC:1253 590.00 CR

10009152

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 1, 2008

Electronic Signature for Kevin J. Canning: /Kevin J. Canning/

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: 08/06/08				2 Serial/Patent # 10/809,152												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
	Filing							\$								
	Amendment							\$								
X	Extension of Time 1253					05/01/08		\$ 590.00								
	Notice of Appeal/Appeal							\$								
	Petition							\$								
	Issue							\$								
	Cert of Correction/Terminal Disc.							\$								
	Maintenance							\$								
	Assignment							\$								
	Other							\$								
				7 TOTAL AMOUNT OF REFUND				\$ 590.00								
				8 TO BE REFUNDED BY:												
				Treasury Check												
				X Credit Deposit A/C #:												
				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>						1	2	--	0	0	8	0
1	2	--	0	0	8	0										
10 REASON:																
	Overpayment															
	Duplicate Payment															
X	No Fee Due (Explanation):															
The extension of time period is over, no extension fee is due.																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: Irvin Dingle				TITLE: Paralegal												
SIGNATURE:				PHONE: 2-3210												
OFFICE: Petitions																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED:				DATE: 8/06/08												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**